Company Tracking Number: SA-AR-0810-WTRX

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Safepak Businessowners Policy Program

Project Name/Number: Safepak Businessowners Policy Program- Water Exclusion/SA-AR-0810-WTRX

## Filing at a Glance

Companies: Great American Assurance Company, Great American Insurance Company of New York Product Name: Safepak Businessowners Policy SERFF Tr Num: GRTA-125889473 State: Arkansas

Program

TOI: 05.0 Commercial Multi-Peril - Liability & SERFF Status: Closed State Tr Num: EFT \$50

Non-Liability

Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: SA-AR-0810-WTRX State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins

Author: Rose Redman Disposition Date: 11/14/2008

Date Submitted: 11/14/2008 Disposition Status: Approved

Effective Date Requested (New): 01/01/2009 Effective Date (New): 01/01/2009

01/01/2009

State Filing Description:

### **General Information**

Project Name: Safepak Businessowners Policy Program- Water Status of Filing in Domicile: Pending

Exclusion

Project Number: SA-AR-0810-WTRX Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 11/14/2008

State Status Changed: 11/14/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of our Safepak Businessowners Policy Program form filing is to introduce the mandatory independent Safepak Water Exclusion endorsement, BP 88 46 (Ed. 0808).

Company Tracking Number: SA-AR-0810-WTRX

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Project Name/Number: Safepak Businessowners Policy Program- Water Exclusion/SA-AR-0810-WTRX

The Safepak Water exclusion is a mandatory form for all Safepak property policies.

# **Company and Contact**

#### **Filing Contact Information**

Rose Redman, Product Analyst rredman@gaic.com
49 East 4th street (513) 763-7904 [Phone]
Cincinnati, OH 45202 (513) 333-6996[FAX]

**Filing Company Information** 

Great American Assurance Company CoCode: 26344 State of Domicile: Ohio 580 Walnut Street Group Code: 84 Company Type: P&C Cincinnati, OH 45202 Group Name: State ID Number:

CoCode: 22136

State of Domicile: New York

(513) 369-5000 ext. [Phone] FEIN Number: 15-6020948

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Great American Insurance Company of New

York

580 Walnut Street Group Code: 84 Company Type: P&C Cincinnati, OH 45202 Group Name: State ID Number:

(513) 369-5000 ext. [Phone] FEIN Number: 13-5539046

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## **Filing Fees**

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: (1)rule x \$50.00 = \$50.00

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Great American Assurance Company \$50.00 11/14/2008 23931101

Great American Insurance Company of New \$0.00 11/14/2008

York

Company Tracking Number: SA-AR-0810-WTRX

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Safepak Businessowners Policy Program

Project Name/Number: Safepak Businessowners Policy Program- Water Exclusion/SA-AR-0810-WTRX

# **Correspondence Summary**

#### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/14/2008	11/14/2008

Company Tracking Number: SA-AR-0810-WTRX

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Safepak Businessowners Policy Program

Project Name/Number: Safepak Businessowners Policy Program- Water Exclusion/SA-AR-0810-WTRX

## **Disposition**

Disposition Date: 11/14/2008 Effective Date (New): 01/01/2009 Effective Date (Renewal): 01/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

**Overall Rate Information for Multiple Company Filings** 

Overall Percentage Rate Indicated For This Filing 0.000%

Overall Percentage Rate Impact For This Filing 0.000%

Effect of Rate Filing-Written Premium Change For This Program \$0

Effect of Rate Filing - Number of Policyholders Affected 0

Company Tracking Number: SA-AR-0810-WTRX

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Safepak Businessowners Policy Program

Project Name/Number: Safepak Businessowners Policy Program- Water Exclusion/SA-AR-0810-WTRX

Item Type Item Name Item Status Public Access

Supporting Document Uniform Transmittal Document-Property & Approved Yes

Casualty

Form Water Exclusion Approved Yes

Company Tracking Number: SA-AR-0810-WTRX

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Safepak Businessowners Policy Program

Project Name/Number: Safepak Businessowners Policy Program- Water Exclusion/SA-AR-0810-WTRX

## Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific	Readability	Attachment
Status			Date		Data		
Approved	Water Exclusion	BP 88 46	08/08	Endorseme New nt/Amendm ent/Conditi		0.00	BP 8846 0808 final copy.pdf
				ons			

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### WATER EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

SAFEPAK® BUSINESSOWNERS POLICY SPECIAL FORM

A. The exclusion in paragraph B. replaces the Water Exclusion under PART ONE - SAFEPAK SPECIAL PROPERTY COVERAGE FORM:

#### B. Water

- flood, surface water, waves (including tidal wave and tsunami), tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind (including storm surge);
- 2. mudslide or mudflow;
- water that backs up or overflows or is otherwise discharged from a sewer, drain, sump, sump pump or related equipment;
- **4.** water under the ground surface pressing on, or flowing or seeping through:
  - **a.** foundations, walls, floors or paved surfaces;

- **b.** basements, whether paved or not; or
- c. doors, windows or other openings; or
- Waterborne material carried or otherwise moved by any of the water referred to in paragraph 1., 3. or 4., or material carried or otherwise moved by mudslide or mudflow.

This exclusion applies regardless of whether any of the above, in paragraphs 1. through 5., is caused by an act of nature or is otherwise caused. An example of a situation to which this exclusion applies is the situation where a dam, levee, seawall or other boundary or containment system fails in whole or in part, for any reason, to contain the water.

But if any of the above, in paragraphs 1. through 5., results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage.

Company Tracking Number: SA-AR-0810-WTRX

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Safepak Businessowners Policy Program

Project Name/Number: Safepak Businessowners Policy Program- Water Exclusion/SA-AR-0810-WTRX

#### **Rate Information**

Rate data does NOT apply to filing.

Company Tracking Number: SA-AR-0810-WTRX

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Safepak Businessowners Policy Program

Project Name/Number: Safepak Businessowners Policy Program- Water Exclusion/SA-AR-0810-WTRX

# **Supporting Document Schedules**

**Review Status:** 

Satisfied -Name: Uniform Transmittal Document- Approved 11/14/2008

Property & Casualty

Comments:
Attachment:
PCTD1.pdf

# **Property & Casualty Transmittal Document**

			. Insurance Department Use only							
<b>Dept. Use Only</b>		a. I	a. Date the filing is received:							
b.										
				osition:						
		d. I	Date	of disposition of	the fi	iling:				
		e. E		tive date of filin	g:					
				ew Business						
				newal Business						
				Filing #:						
				FF Filing #:						
	h. Subject Codes									
3.	Group Name							G	Froup NAIC #	
	Great American Insurance Grou	ıp						0	84	
4.	Company Name(s)			Domicile	NAI		FEIN #		State #	
	Great American Insurance Com	pany of		NY	2213	6	13-553	9046		
	New York  Great American Assurance Cor	nnany		ОН	26344		15-6020948			
	Great American Assurance Company					13-002	0340			
5.	<b>Company Tracking Number</b>		SA-	-AR-0810-WTRX						
				Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]						
	Name and address Title									
6.				Telephone #		FAX			e-mail	
6.	Rose Redman	Product		<b>Telephone #</b> 513.763.7904		FAX: 513.333.6		rredma	e-mail n@gaic.com	
6.	Rose Redman 49 E Fourth Street			•				rredma		
6.	Rose Redman	Product		•				rredma		
6.	Rose Redman 49 E Fourth Street	Product		•				rredma		
6.	Rose Redman 49 E Fourth Street	Product		•				rredma		
7.	Rose Redman 49 E Fourth Street	Product		•				rredma		
	Rose Redman 49 E Fourth Street Cincinnati, OH 45202	Product Analyst		•	5	513.333.6		rredma		
7.	Rose Redman 49 E Fourth Street Cincinnati, OH 45202  Signature of authorized filer	Product Analyst zed filer		513.763.7904  Rose Redman	n/ SM	513.333.6 S		rredma		
7. 8. Fili	Rose Redman 49 E Fourth Street Cincinnati, OH 45202  Signature of authorized filer Please print name of authori	Product Analyst zed filer	ns fo	513.763.7904  Rose Redman	n/ SMS	513.333.6 S e fields)	996	rredma		
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7. 8. Fili 9. 10.	Rose Redman 49 E Fourth Street Cincinnati, OH 45202  Signature of authorized filer Please print name of authori ng information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Insuran	Product Analyst  zed filer Instruction  roll (if rements]	ns fo 05.0 5.00	Rose Redmar or descriptions of OCMP Liability and DOO	n/ SMS these	S fields) n Liability	996			
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# Property & Casualty Transmittal Document---

Troperty & Casa	arty Transmittai Document				
15. Reference Filing?	Yes No				
16. Reference Organization (if applicable)	n/a				
17. Reference Organization # & Title	n/a				
18. Company's Date of Filing	11/13/2008				
19. Status of filing in domicile	☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved				
20. This filing transmittal is part of Company	Tracking # SA-AR-0810-BAIL				
21 Filing Degenintion [This area can be used in l	inv of a cover letter or filing manager dyna and is free forms toytl				
	ieu of a cover letter or filing memorandum and is free-form text]				
The purpose of our Safepak Businessowners Policy	· ·				
independent Safepak Water Exclusion endorsement	t. BP 88 46 (Ed. 0808).				
The Safepak Water exclusion is a mandatory for	orm for all Safenak property policies				
The Sureput Water exclusion is a mandatory re	of the Surepark property policies.				
22. Filing Fees (Filer must provide check # and to	* *				
[If a state requires you to show how you calc	ulated your filing fees, place that calculation below]				
Cheek # EET					
Check #: EFT					
Amount: \$50.00					
Amount. \$\psi_0.00\$					
Pafar to each state's checklist for additional state specific requirements or instructions on coloulating					
Refer to each state's checklist for additional state specific requirements or instructions on calculating					
fees.					

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)